

DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE COMMISSION
Herman M. Holloway, Sr. Campus, Main Bldg., Room 301
1901 N. duPont Highway, New Castle, DE
Meeting of June 10, 2003

MINUTES

Commission Members Present: Patricia C. Engelhardt; Karen E. Gallagher; Vicki L. Givens; Rep. Pamela S. Maier; Sen. Robert I. Marshall; Thelma G. Mayer; Thomas P. McGonigle, Esq. (Chairman); Dr. McKinley Wardlaw, Jr.

Others Present: Les DelPizzo and Cindy Mannis (Quality Insights of Delaware); Sandra Dole, President (Delaware Council of Activity Professionals); Lisa Gaylord, (Delaware Healthcare Association); Tim Hoyle, Ombudsman LTC; Jerrold P. Spilecki, Executive Director and Charles Welch (Mary Campbell Center); June Valentine, State Executive Director, (Delaware Association of Homes and Services for Aging, DAHSA); Carol Ellis, Director, Catherine McMillan, Deputy Director, Mitzi Murphy and Joan Reynolds, Staff Support (DHSS Division of Long Term Care Residents Protection, DLTCRP).

1. Call to Order.

Chairman McGonigle called the meeting to order at 10:05 a.m.

Chairman McGonigle announced the resignation of Commission Member, John Fogelgren as of May 12, 2003. He then introduced the new Commission Member, Thelma G. Mayer. Ms. Mayer is retired from the Delaware Division of Social Services as Chief of Medicaid Policy, Planning and Evaluation. She previously was a gubernatorial appointee to the Commission for Alcoholism, Drug Abuse and Mental Health. Currently, she is working in a physician's office resolving patient issues and policy writing.

2. Approval of the Minutes of April 8, 2003.

The Minutes were approved as written.

3. Discussion of "Nursing Home Quality Initiative Project Update" by Cynthia Mannis, RN, BSN, Quality Insights of Delaware (QID).

Ms. Mannis introduced a new staff member, Les DelPizzo, Chief Operating Officer. She said the Centers for Medicare and Medicaid Services' Nursing Home Quality Initiative is going extremely well in the State of Delaware. Ms. Mannis gave each Commission Member a copy of "Nursing Home Quality Initiative Project Update" and two statistical papers: "Delaware Nursing Home Quality Measure Scores (Quarter 4, 2002)" and a chart showing percentages of nursing home residents throughout the United States within the 10 quality measures developed by CMS. On the CMS website (www.medicare.gov) there is about a 6-month lag period of data from when the medical care was actually provided. Ms. Mannis noted two focuses: 1) public reporting of nursing home medical quality of care and 2) quality improvement initiatives as focused on by Medicare contractors such as QID. From nursing facilities data given to CMS, Delaware selected and is working on 4 of the 10 quality measures derived.

Ms. Mannis said 62% (greatest percentage in the country) of facilities have "volunteered" and with QID's technical assistance are intensely guided through quality improvement projects. QID workshops are attended by 90% of the 42 nursing facilities. As to follow-up workshops, QID is coordinating with Delaware Health Facilities Association and in August a workshop on MDS data will be presented. Ms. Mannis stated attendees include mostly DONs, administrators and some CNAs. QID teaches that quality improvement comes from top management and works down. Sen. Marshall requested the inclusion of CNAs in resident's care plans and in the QID process.

Ms. Mannis discussed the facilities' quality measure scores as shown on the trending information chart. Mr. DelPizzo stated that QID is given a financial incentive and is held accountable by CMS to accomplish quality improvement in facilities. Facilities' information will be posted on the Nursing Home Compare Medicare's website. Origin of the data information used by QID is from the nursing home data collected every month. Most of the states picked the same indicators from the 10 quality measures. Chairman McGonigle inquired about the statistics regarding infection rates. A discussion of infection rates was conducted that included that the expected rate is adjusted according to each facility resident profile and acuity of care with the goal that the infection rate is to improve. This would include that the nursing facilities establish an interdisciplinary committee, including CNAs, to work on infection policy and procedures that can

affect infection rates. Discussing staffing, Ms. Mannis said that qualified, adequate staff is not figured into the rates, although the rates are risk adjusted to other things like the acuity population. On the issue of agency nurses Ms. Mannis said that an effort is being made to create standard guidelines for all facilities to adopt easing the transition between facilities where agency nurses work.

Since these projects started, Ms. Mannis said, information from a pilot project shows that staff feels more involved so there is less turnover. Facilities shared what they are doing with similar staffing ratios. The success of QID is determined by facilities reaching the expected rate and the formation of quality improvement teams in facilities. Facilities may rate high in certain measure scores due to specializing in that particular area where quality care is needed. Therefore, on the CMS website there is no trending information. Starting with nursing homes, all medical providers' data is to be on the CMS website eventually. Ms. Mannis listed some facilities' successes since working with QID: 50% signed up for listserv; updated infection prevention manuals and policies based on information provided by QID; updated skin integrity screenings; initiated pain management programs; established inter-disciplinary teams; conducting quality improvement in-services with physicians, nurses, and CNAs. Ms. Mannis said future plans for QID include workshops on ambulation/walking improvement, MDS data, continued on-site visits, continued data trending, and updating the website. Sen. Marshall requested a workshop to exclusively focus on the value of CNAs.

4. Review and discussion of proposed legislation including: S.B. 63, S.B. 64, H.B. 113

Referring to H.B. 113, Carol Ellis said sometimes when there is a medical issue the physician consultant under contract to DLTCRP is asked to review a nursing home resident's medical records. The amount of information available varies because some physicians follow their patients in nursing homes more closely than others. The Consultant reviews all available medical information to determine if he thinks that the medical information provided is adequate enough for the Division to draw conclusions related to deficiencies. Currently, if a facility is cited for a deficiency but no sanction is applied, the facility may request an Informal Dispute Resolution. They may not, however, have an administrative hearing unless a sanction is applied. H.B. 113 would allow a facility that has been found to have deficiencies to have an administrative hearing even if no sanctions have been levied. According to Ms. Ellis, this Bill does not have any effect on the Federal survey process so essentially it would result in a two track appeal process if a facility chose to avail itself of it. There would be the Federal appeal process which would function one way and the State appeal process which would function in another way. Chairman McGonigle proposed a motion to recommend approval of H.B. 113 as Amended by House Amendment No. 1 along with the Senate Amendment No. 1. The motion was passed, 7 approved; 1 opposed.

Ms. Ellis said in discussing S.B. 63 that the Division can collect civil money penalty assessed against a nursing facility by withholding their license until payment. The State licenses neither temp agencies nor home health agencies, if a civil money penalty is imposed against those entities and they don't pay there is no recourse. Clarification is needed so as not to limit collection of civil money penalties from just nursing homes. Chairman McGonigle moved to recommend S.B. 63. The motion was passed unanimously.

In reviewing S.B. 64 Chairman McGonigle said the bill allows the Division to do a criminal history records check on an existing employee in a facility for whom there is reasonable suspicion that the employee was convicted of a disqualifying crime. Chairman McGonigle raised concerns over whether the Division will have the authority to do a records check if the alleged crime is not a "disqualifying crime". For the private individual contracting for home health care Ms. Ellis explained this bill would provide the mechanism for a records check putting the individual in the same category as a nursing facility or temp agency with the State paying the cost. Discussion followed about how this information could be disseminated to individuals hiring home health personnel and when a criminal history records checking was appropriate other than at the first hiring of an individual. Chairman McGonigle moved to recommend S.B. 64 to the General Assembly and the Governor. The motion was passed, 7 approved; 1 opposed.

5. Public comment.

Chairman McGonigle asked members to notify support staff when they are not attending meetings in order to determine if there will be a quorum. Chairman McGonigle disclosed that he would not take part in any discussion of the incident at Lewes Convalescent Center due to the potential conflict in that a lawyer in the Philadelphia office of his law firm represents Beebe Hospital and the Lewes Convalescent Center.

6. Public comment

Ms. Dole announced that on October 9, 2003, the Second Annual Senior Residents Rights Rally will be held at Del Tech in Dover and next year it is slated to go national.

Mr. Hoyle distributed copies of the DSAAPD "Delaware Long Term Care Ombudsman Annual Report" to Commission Members.

7. Next meeting will be Tuesday, July 15, 2003, at 10:00 a.m. at DHSS Campus, Main building, Room 301.

8. Adjournment

The meeting was adjourned at 11:49 A.M.

Final Minutes approved July 15, 2003